

# Canine Hip & Elbow Dysplasia Assessment

PLEASE COMPLETE IN BLACK PEN IN BLOCK LETTERS

APPLICATION FOR SCORING (Tick One): HIPS AND ELBOWS  HIPS ONLY  ELBOWS ONLY

**DOG DETAILS:**

Registered Name: Ch. Parity Hero ANKC Reg.# 2100456510  
 Microchip Number: (MUST be imprinted onto x-rays) 953010001085109 ✓  
 Breed: Lagotto Romagnolo Sex: M  F  Date of Birth: 22.5.2016  
 Sire: Fin Ch. Itl. Ch. Quasimodo del Monte della Dam Parity cheeky chili

**OWNER DETAILS AND DECLARATION:**

Owner Name: Mrs J Quayle Telephone Contact #: [REDACTED]  
 Address: [REDACTED] Email: [REDACTED]

**DECLARATION:**

I Declare That: a) The particulars above are correct and relate to the dog submitted for radiological examination,  
 b) I give consent for the results to be submitted for statistical analysis, and,  
 c) I give consent for the statistical analysis to be published.

OWNERS SIGNATURE: [Signature] Date: 20.8.2018

**VETERINARIAN DETAILS AND DECLARATION:**

Referring Vet Name: Vineyard Veterinary Hospital Telephone Contact #: [REDACTED]  
 Referring Vet Practice: Robert Zammit BVSc Email: [REDACTED]  
 Address: 703 Windsor Rd, Vineyard 2765 Date of Radiographs: 20.8.18 ✓  
 Ph. 9627 1257 Fax 9838 1193

**DECLARATION:**

I Declare That: i) I have checked this dog's ID as indicated,  
 ii) The dog was anaesthetised for the radiographs, and,  
 iii) I have sighted the (Please tick each one as applicable): Tattoo...  Microchip#...  Pedigree Papers...

VETERINARIAN'S SIGNATURE: [Signature] Date: [REDACTED]

**HIP AND ELBOW SCORES:**

| HIP JOINT:                         | Right    | Left     | ELBOW JOINT:              | mm change                  | Grade                                 |
|------------------------------------|----------|----------|---------------------------|----------------------------|---------------------------------------|
| Norberg Angle: <u>95/95</u>        | <u>2</u> | <u>2</u> | Right                     | <u>0</u>                   | <u>0</u> 1 2 3                        |
| Subluxation:                       | <u>2</u> | <u>2</u> | Left                      | <u>0</u>                   | <u>0</u> 1 2 3                        |
| Cranial Acetabular Edge:           | <u>2</u> | <u>2</u> | Right UAP                 | Y <input type="checkbox"/> | N <input checked="" type="checkbox"/> |
| Dorsal Acetabular Edge:            | <u>0</u> | <u>0</u> | Left UAP                  | Y <input type="checkbox"/> | N <input checked="" type="checkbox"/> |
| Cranial Effective. Acetabular Rim: | <u>1</u> | <u>1</u> | Australian Breed Average: | <u>11.02</u>               |                                       |
| Acetabular Fossa:                  | <u>0</u> | <u>0</u> | International Grade:      | A <u>B</u> C D E           |                                       |
| Caudal Acetabular Edge:            | <u>0</u> | <u>0</u> | Australian Grade:         | 0 1 <u>2</u> 3 4 5 6       |                                       |
| Femoral Head/Neck Exostosis:       | <u>0</u> | <u>0</u> | TOTAL HIP SCORE:          | <u>14</u> (Max 106)        |                                       |
| Femoral Head/Neck Re-contouring:   | <u>0</u> | <u>0</u> |                           |                            |                                       |
| <b>TOTAL</b>                       | <u>7</u> | <u>7</u> |                           |                            |                                       |

Readers' Comments:

DATE RECEIVED: 27/8/18 DATE RETURNED: 29/8/18

SIGNATURE: [Signature] DATE: 28/8/18 OUR REFERENCE: JLR 1015

DR J L RICHARDSON, BVMS, MVS, FANZCVS (Radiology)  
 Address: PO Box 3477, Broadway Nedlands LPO, WA 6009. Email: Jen.Richardson@iinet.net.au